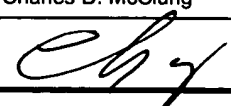


UTILITY PATENT APPLICATION TRANSMITTAL (Only for new non-provisional applications under 37CFR§1.53(b))		Attorney Docket No.	CDM:3912.9999
		First Inventor or Application Identifier	Pestes
		Title	Swab Having Easily Displaceable Tip for Collecting Saliva Samples and Inserting Them Into Test Tube
		Express Mail Label No.	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231	
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table, or Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status See 37 C.F.R. 1.27		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total pages <input type="text" value="6"/>] (preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Federally Sponsored R&D - Reference to sequence listing, a table or a computer program listing - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies) or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Pages <input type="text" value="1"/>]		ACCOMPANYING APPLICATION PARTS	
5. Oath or Declaration [Total <input type="text" value="2"/>] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with Box 17 completed) i. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.53(d)(2) and 1.33(b) 		9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
6. <input type="checkbox"/> Application Data Sheet. See 37 C.F.R. 1.76		10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee)	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 C.F.R. 1.76. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ / _____ Prior application information: Examiner _____ Group No./Art Unit _____		11. <input type="checkbox"/> English translation document (if applicable)	
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.		12. <input type="checkbox"/> Information Disclosure Statement (IDS) /PTO SB08 <input type="checkbox"/> Copies of IDS Citations	
17. CORRESPONDENCE ADDRESS		13. <input type="checkbox"/> Preliminary Amendment	
<input type="checkbox"/> Customer Number or Bar Code Label		<input type="checkbox"/> Correspondence address below	
Name Chernoff Vilhauer McClung & Stenzel, L.L.P.		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized)	
Address 1600 ODS Tower, 601 SW Second Avenue		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
City	Portland	State	OR
Country	USA	Zip Code	97204-3157
	Telephone	503.227.5631	FAX
			503.228.4373
Name (print/ type)	Charles D. McClung	Registration No. (Attorney/Agent)	26,568
Signature		Date	July 8, 2003

19587 U.S. PTO

10/615712



07/08/03

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Complete If Known

Application Number

Filing Date

Herewith

First Named Inventor

Pestes

Examiner Name

☒ Applicant claims small entity status. See 37CFR 1.27

Art Unit

TOTAL AMOUNT OF PAYMENT

\$415

Attorney Docket No.

CDM:3912.9999

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account

Deposit Account Number

03-1550

Deposit Account Name

Chernoff Vilhauer McClung & Stenzel

The Commissioner is authorized to: (check all that apply)

☐ Charge fees indicated below ☒ Credit any overpayments

☐ Charge any additional fee(s) during the pendency of this application

☐ Charge any fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Code (\$)	Code (\$)		
1001 750	2001 375	Utility filing fee	375
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			\$375

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
6 - 20 ** =	0 x	9 =	0
Indep. Claims 2 - 3 ** =	0 x	42 =	0
Multiple Dependent			

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1202 18	2202 9	Claims in excess of 20	
1201 84	2201 42	Independent claims in excess of 3	
1203 280	2203 140	Multiple dependent claim, if not paid	
1204 84	2204 42	**Reissue independent claims over original patent	
1205 18	2205 9	*Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			\$0

**or number of previously paid, if greater. For reissues, see above.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge-late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex-parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 410	2252 205	Extension for reply within second month	
1253 930	2253 465	Extension for reply within third month	
1254 1,450	2254 725	Extension for reply within fourth month	
1255 1,970	2255 985	Extension for reply within fifth month	
1401 320	2401 160	Notice of Appeal	
1402 320	2402 160	Filing a brief in support of an appeal	
1403 280	2403 140	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,300	2453 650	Petition to revive - unintentional	
1501 1,300	2501 650	Utility issue fee (or reissue)	
1502 470	2502 235	Design issue fee	
1503 630	2503 315	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt.	
8021 40	8021 40	Recording each patent assignment per property (times no. of properties) - total assignments 1	40
1809 750	2809 375	Filing a submission after final rejection (37 C.F.R. 1.129(a))	
1810 750	2810 375	For each additional invention to be examined (37 CFR 1.129(b))	
1801 750	2801 375	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

\$40

SUBMITTED BY

Complete (if applicable)

Name (print type)

Charles D. McClung

Registration No.

26,568

Telephone

(503) 227-5631

Signature



Date

July 8, 2003

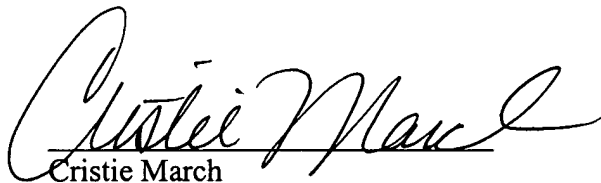
CERTIFICATE OF MAILING

BY "EXPRESS MAIL"

Express Mail No. EL 915424221 US

Date of Deposit: July 8, 2003

I hereby certify that the attached patent application for SWAB HAVING EASILY DISPLACEABLE TIP FOR COLLECTING A SALIVA SAMPLE AND INSERTING IT INTO A COLLECTION DEVICE, AND METHOD OF USING SAME; including specification; one sheet of drawings; Power of Attorney; Statement of Status as Small Entity in Accordance with 37 CFR §1.27; unnotarized Assignment dated April 25, 2003 assigning the patent application to MML Diagnostics Packaging, Inc., an Oregon corporation, from the inventory, Larry Pestes; duplicate Fee Transmittal form FY 2003 covering filing fees of \$375 and recordation fees of \$40; Utility Patent Application Transmittal of Charles D. McClung, Esq., dated July 8, 2003; and a return, acknowledgment postcard, are being deposited with the United States Postal Service "Express Mail to Addressee" service on the date indicated above and is addressed to the Mail Stop Patent Applications, Commissioner for Patents, Post Office Box 1450, Alexandria, VA 22313-1450.


Cristie March